

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant								<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47
Final	Original		Final	Original		Final	Original		Final	Original
1	1									
2	2									
3	3									
4	4									
	5									
	6									
	7									
	8									
5	9									
6	10									
7	11									
8	12									
	13									
	14									
9	15									
	16									